STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 5 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Robert L. Best			
II. Name of lobbyist's pa	ortnership, firm or corporation, if	any:		
Sulloway & Ho	llis, P.L.L.C.			
(Name o	f partnership, firm or corporation)			
9 Capitol Street	Concord	New Hampshire	03301	
Business Address: (Street)		(State)	(Zip Code)	
(603) <u>224-2341</u> (Telephone)	(603) <u>226-2404</u> (Fa		e-mail_rbest@sulloway.com	
reportable expense trans	sactions which are not attributable			
✓ All reportable transact	tions occurring in the months prior to	o the reporting date relative to the fol	lowing client:	
New Ham	pshire Medical Society full Name of Client as it appears on the I	obbyist Registration Form)		
OR				
All reportable transacti unrelated to any particular		obbyist's family), or the lobbying firm	n listed below which are	
IV. Date of Report A	April 26, 2017 🗹	July 26, 2017		
	from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17		
	October 25, 2017	January 31, 2018 activity from 10/1/17 to 12/31/17		
		le transactions made since the la the Secretary of State's Office, State		
VI. Check if additional r	reports are attached:			
		file Addendum A-Fees and Expen	ses	
		you must file Addendum B– Report		
•	our family has made political contri	butions, you must file Addendum C	- Political Contribution	
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of (Signature of lobbyist) Robert L. Best	nation by Lobbyist 15-B, RSA 14-C and RSA 664 and of my knowledge and belief.	hereby swear or affirm that the foreg $-\frac{4/24/17}{\text{(Date)}}$		
(Print Name of lobbyist)				

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert L. Best	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Sulloway & Hollis, P.L.L.C. (Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Medical Society	Date4/24/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Klithet	4/24/17
(Signature of lobbyist)	(Date)
Robert L. Best	
(Print Name of lobbyist)	